

(1) PLACE OF BIRTH

County of Kershaw
Township of Water
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2707

File No. - For State Registrar Only
4318

Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Royal Nelson Brown

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Age Previous Marriages no (7) DATE OF BIRTH 2-10-1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Russell Brown
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Mill Hand
Home Duties
(14) Number of children born to mother, including present birth 1

MOTHER
(15) NAME BEFORE MARRIAGE Lucile Heath
(16) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 18 (Year)
(19) BIRTHPLACE S.C.
(20) OCCUPATION Home Duties
(21) Number of children of this mother and father, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9 P. M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Dr. Douglas M. D. (24) State where Physician or Midwife is Licensed South Carolina (25) Address of Physician or Midwife Columbia S.C.

Given name added from a hospital report

*When there was no physician or midwife present, the certificate should be signed by the mother or father, or by a nurse, or by a doctor of medicine.